

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE ²⁸⁴⁷¹⁸
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 173 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Shelby IveryTelephone: 843-793-9300Address: 1485 Kentwood Circle

Fax: _____

Charleston SC 29412

Other: _____

Email: Ivery.solutions@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: <u>js</u> |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

- ☒ F (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

Date: May 01, 2019

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

1. Ivery Solutions, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1485 Kentwood Circle, Charleston SC 29412
Street Address of Applicant

843-793-9300
Mailing Address of Applicant (if different from street address)
Phone FAX

iverysolutions@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Shelby Ivery - owner
 1485 Kentwood Circle
 Charleston SC 29412

4. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="12,000"/>	Loans Owed on Motor Vehicles	<input type="text" value="7,000"/>
Cash on Hand 900.00	<input type="text" value="6,830"/>	Business/Other Loans Owed	<input type="text" value="8,000"/>
Cash in Bank	<input type="text" value="6,830"/>	Other Liabilities or Debts	<input type="text" value=""/>
Value of Other Assets and Equipment	<input type="text" value="1,300"/>	Total Liabilities	<input type="text" value="15,000"/>
Total Assets	<input type="text" value="21,030"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

DESCRIPTION OF EQUIPMENT

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

* ~~\$~~ 350.00 first 2 hours, \$95.00/hr (2 Man crew)
0.75/mile

* ~~330~~ 385.00 for first 2 hours, \$130.00/hr (3 Man crew)

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Rents Trucks from Budget			

See attached



RENTAL AGREEMENT		CUSTOMER INFORMATION		VEHICLE INFORMATION		DRIVER'S INFORMATION		EMPLOYEE: SCOTCX		COUNTY	
LOCAL - Personal		Rental Period Start: 05/21/19 13:04 End: 05/20/19 13:04		Vehicle Information Ver. No: Y16286 Towing: N/A		Driver's Information Name: TERRY TERRY SOLUTIONS License: ***0791 State: SC, USA		Employee: SCOTCX		County	
DISCOUNT (20.00%)		Rental Information OPEN 05/20/19 1:00 PM		Dealer Number: 294079		Mileage Rate: 5 @ 0.47/mi		Amount Due Budget		Payments	
167 PARCEL VAN SAS		Rental Information Daily Rate Wkly Rate		CHRYSLER, SC 29407		DISCOUNT (20.00%)		Loss: Deposit/Previous Payments		Approval	
PHYSICAL DAMAGE WAIVER 0 RESP		Rates and Charges		2068 SAN RITTERBERG BLVD		5 @ 0.47/mi		Deposit Amount		*****000	
SUPPLEMENTAL LIABILITY (SLI)		Daily Rate Wkly Rate		2068 SAN RITTERBERG BLVD		PHYSICAL DAMAGE WAIVER 0 RESP		Amount Due Budget		Previous Deposit/Payment	
PERSONAL ACCIDENT AND CARGO		Daily Rate Wkly Rate		2068 SAN RITTERBERG BLVD		SUPPLEMENTAL LIABILITY (SLI)		Loss: Deposit/Previous Payments		Total Paid	
MOVING SUPPLIES TOTAL		Daily Rate Wkly Rate		2068 SAN RITTERBERG BLVD		PERSONAL ACCIDENT AND CARGO		Amount Due Budget		Total Paid	
LUMP SUM RECOVERY FEE --- 1 DAY(S) @ 1.25		Daily Rate Wkly Rate		2068 SAN RITTERBERG BLVD		MOVING SUPPLIES TOTAL		Loss: Deposit/Previous Payments		Total Paid	
ENERGY RECOVERY FEE --- 1 DAY(S) @ 1.13		Daily Rate Wkly Rate		2068 SAN RITTERBERG BLVD		LUMP SUM RECOVERY FEE --- 1 DAY(S) @ 1.25		Amount Due Budget		Total Paid	
		Daily Rate Wkly Rate		2068 SAN RITTERBERG BLVD		ENERGY RECOVERY FEE --- 1 DAY(S) @ 1.13		Loss: Deposit/Previous Payments		Total Paid	

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Name of Applicant

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

Cargo Insurance \$ _____

Limits _____

* Attach Certificate of Insurance if available.

Name of Insurance Company

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Burns & Wilcox

Burns & Wilcox (Charlotte, NC)
 14120 Ballantyne Corporate Place, Suite 500
 Charlotte, NC 28277
 Phone: (704) 525-1152
 Fax: (704) 525-7399

QUOTE

Please note that coverages and/or terms being offered may not be the same as requested. Please read carefully.

Primary Named Insured	Ivery Solutions, LLC
Mailing Address	1485 Kentwood Circle Charleston, SC 29412
Company	Crum & Forster Specialty Insurance Company Rated A (Excellent) XIII by A.M. Best
Commission	10.00%
Effective Date (from-to)	02/15/2019 to 02/15/2020
Quote Number	CP234335Q2019.01

LOCATION SCHEDULE

Location #	Address
1	1485 Kentwood Circle, Charleston, SC 29412

COMMERCIAL GENERAL LIABILITY

Coverage	Limit
General Aggregate (other than Products/Completed Operations)	\$2,000,000
Each Occurrence	\$1,000,000
Product / Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Damage to Premises Rented to you (any one Premises)	\$100,000
Medical Expense Limit (any one person)	\$5,000
Deductible per Claim including loss adjustment expense and defense costs	N/A

Date Prepared	02/15/2019	Quote Number	CP234335Q2019.01
Agency	Burns & Wilcox (Charlotte, NC)	Underwriter	William Coleman

SCHEDULE OF HAZARDS						
Location #	Classification	Class Code	Premium Basis	Exposure	Rate	Premium*
1	Warehouses	99938	Payroll	43,000	14.75	\$634.00
Class Premium						\$634.00
Underlying GL LOB Premium*						\$650.00 MP

* Subject to minimum premium (MP).

ADDITIONAL INSURED			
No.	Name and Address of the Additional Insured	Form Applicable	Premium
1	Blanket Additional Insured	CG2010	\$0.00
2	- Primary and Non-Contributory Wording	CG2010	\$0.00
3	- Waiver of Subrogation	CG2404	\$0.00
Total Additional Insured Premium			\$0.00

All charges for Additional Insured coverages are considered fully earned.

Total General Liability Premium*	\$650.00
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* Subject to minimum premium (MP).

Date Prepared	02/15/2019	Quote Number	CP234335Q2019.01
Agency	Burns & Wilcox (Charlotte, NC)	Underwriter	William Coleman

TOTAL PREMIUM

Commercial General Liability Premium	\$650.00
Commercial Property Premium	Not Covered
Inland Marine Premium	Not Covered
Total Base Premium	\$650.00
State Tax	\$54.00
Policy Fee	\$150.00
PC&L Fee	\$100.00
Total Premium (without Optional Terrorism)	\$954.00
Optional Certified Acts of Terrorism Premium (plus applicable state taxes and fees)	\$100.00

QUOTE REMARKS

To Bind we will need:

- Written bind request
- Signed/Dated/Completed Acords
- Signed/Dated/Checked TRIA
- Signed/Dated/Completed Supplemental
- 3 years currently valued loss runs - must be loss free or Signed No Known Loss Letter if there is no prior coverage


PREMIUM IS 25% MINIMUM EARNED AT INCEPTION.

PREMIUM IS MINIMUM AND DEPOSIT

POLICY IS SUBJECT TO AUDIT

PLEASE NOTE THAT THIS QUOTE IS VALID FOR THIRTY (30) DAYS.

* Please Bind Effective: _____ Agent: _____

Signature: Date: 2/25/19

Date Prepared	02/15/2019	Quote Number	CP234335Q2019.01
Agency	Burns & Wilcox (Charlotte, NC)	Underwriter	William Coleman

Exhibit Fit, Willing, and Able (FWA)

Ivery Solutions, LLC
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]
Owner

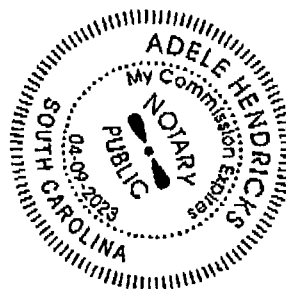
[Signature]
Applicant's Signature
[Signature]
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 20th day of May, 20 19

[Signature]
Notary Public

Commission Expires 4/9/2023



Shelby Ivey
Applicant's Name
Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

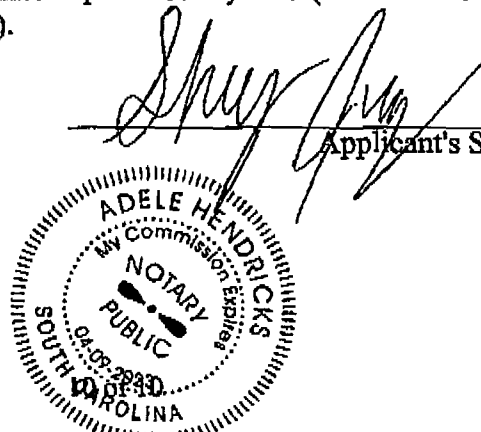
☒ Yes ☐ Not Applicable

I, Shelby Ivey, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 20th day of May, 2019

Adele Hendricks
Notary Public

Commission Expires 4/9/2023



Shelby Ivey
Applicant's Signature

Print Application

Business Entities Online

File, Search, and Retrieve Documents Electronically

Ivery Solutions LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 10/09/2018

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: United States Corporation Agents, Inc

Address: 1591 Savannah Highway, Suite 201
Charleston, South Carolina 29407

Official Documents On File

Filing Type	Filing Date
Articles of Organization	10/09/2018